

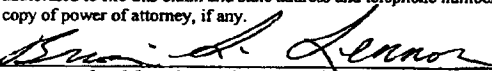


## **EXHIBIT A**

B 10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEW JERSEY		PROOF OF CLAIM
Name of Debtor: Shapes/Arch Holdings L.L.C.		Case Number: 08-14631
NOTE: This form should not be used to make a claim for administrative expenses arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503(a).		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Argonaut Insurance Company (and its affiliates) 1010 Reunion Place, Suite 500 San Antonio, Texas 78216 Attn.: Craig Comeaux Tel.: (210) 321-8400 E-mail: ccomeaux@argogroupus.com		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent: Kirkland & Ellis LLP Citigroup Center 153 East 53rd Street New York, New York 10022 Attn.: Brian S. Lennon, Esq. Tel.: (212) 446-4952 E-mail: blennon@kirkland.com Argonaut Insurance Company (and its affiliates) 1010 Reunion Place, Suite 500 San Antonio, Texas 78216 Attn.: Craig Comeaux Tel.: (210) 321-8400 E-mail: ccomeaux@argogroupus.com		Filed: USBC - District of New Jersey - Camden Shapes/Arch Holdings L.L.C., Et Al. 08-14631 (GMB) 0000000555 
Name and address where payment should be sent (if different from above): Argonaut Insurance Company (and its affiliates) 1010 Reunion Place, Suite 500 San Antonio, Texas 78216 Attn.: Craig Comeaux Tel.: (210) 321-8400 E-mail: ccomeaux@argogroupus.com		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: <u>\$921,000.00, plus contingent and unliquidated amounts</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a) or 11 U.S.C. § 503(b)(9). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtors business, whichever is earlier — 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan — 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use — 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units — 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)( ). Amount entitled to priority: \$ _____
2. Basis for Claim: <u>See Attachment A</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other Describe: <u>Cash Collateral</u> Value of Property: <u>\$170,000</u> Annual Interest Rate: _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: <u>\$71,491.68</u> Basis for perfection: _____ Amount of Secured Claim: <u>\$170,000</u> Amount Unsecured: <u>\$751,000</u>		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.  FOR COURT USE ONLY MAY 15 2008 AMS EPIC BANKRUPTCY SOLUTIONS, LLC
Date: <u>5/14/2008</u> Signature: the person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. 		Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 U.S.C. §§ 152 and 3571.

**ATTACHMENT A**

**UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF NEW JERSEY**

In re:	)	
	)	
SHAPES/ARCH HOLDINGS L.L.C., <u>et al.</u> ,	)	Chapter 11
	)	
Debtors.	)	Case No. 08-14631 (GMB)
	)	(Jointly Administered)
	)	

**ATTACHMENT TO PROOF OF CLAIM**

Argonaut Insurance Company and its affiliates (collectively, "Argonaut"), including, without limitation, Argonaut-Midwest Insurance Company, Argonaut-Southwest Insurance Company and Georgia Insurance Company submits this attachment to its proofs of claim against each of the Debtors and states as follows:

1. On March 16, 2008 (the "Petition Date"), Shapes/Arch Holdings L.L.C., Shapes L.L.C., Ultra L.L.C., Delair L.L.C. and Accu-Weld L.L.C. (collectively, the "Debtors") filed voluntary petitions for relief under chapter 11 of title 11 of the United States Code in the United States Bankruptcy Court for the District of New Jersey.

2. Prior to the Petition Date, Argonaut provided the following insurance policies (collectively, the "Policies") to the Debtors:

<u>Policy Number</u>	<u>Policy Type</u>	<u>Policy Period</u>
WC-86-670-008218	Deductible WC	5/1/04 to 5/1/05
LC-86-670-008219	Deductible GL	5/1/04 to 5/1/05
CA-86-670-008220	Deductible Auto	5/1/04 to 5/1/05
WC-86-682-008218	Deductible WC	5/1/05 to 5/1/06
WC-86-682-008219	Deductible GL	5/1/05 to 5/1/06
WC-86-682-008220	Deductible Auto	5/1/05 to 5/1/06

Copies of the Policies are available upon request.

3. Pursuant to the terms of the Policies, the Debtors are required to make deductible payments for covered claims that arise under the Policies. As of the date hereof, the Debtors are

delinquent in paying Argonaut outstanding deductible invoices in the total amount of \$71,491.68. Copies of the outstanding invoices are enclosed.

4. Based on an actuarial analysis conducted as of May 13, 2008, Argonaut has estimated that the Debtors' ultimate exposure for its deductible obligations to Argonaut under the Policies is \$921,000.00. As claims under the Policies mature over time, the Debtors' ultimate exposure for its deductible obligations to Argonaut may increase or decrease. Accordingly, Argonaut has filed a proof of claim against each of the Debtors in the amount of \$921,000.00, plus any contingent and unliquidated amounts that may become due and owing in the future.

5. The Debtors' obligations under the Policies are backed by letters of credit issued by J.P. Morgan Chase Bank, N.A. ("J.P. Morgan Chase") to Argonaut. Specifically, on May 31, 2005, J.P. Morgan Chase issued L/C No.: TTTS-638144 to Argonaut, pursuant to which \$775,000.00 remains available to Argonaut as of the date hereof. On July 11, 2007, J.P. Morgan Chase issued L/C No.: T-248253 to Argonaut, pursuant to which \$605,000.00 remains available to Argonaut as of the date hereof.

6. Moreover, as of the date hereof, Argonaut holds \$95,000.00 in cash collateral received from the Debtor to secure its obligations under Policy number WC-86-670-008218 and \$75,000.00 in cash collateral received from the Debtor to secure its obligations under Policy number WC-86-682-008218.

7. Argonaut expressly reserves its right to amend, modify or supplement this proof of claim at any time, including, without limitation, to amend any dollar amount stated herein and to specify the dollar amount of any claim that is not stated in a specific amount herein.

8. Copies of all notices and communications concerning this proof of claim should be sent to Argonaut Insurance Company, 1010 Reunion Place, Suite 500, San Antonio, Texas

78216, Attn.: Craig Comeaux with a copy to Kirkland & Ellis LLP, Citigroup Center, 153 East  
53rd Street, New York, New York 10022, Attn.: Brian S. Lennon, Esq.

Dated: May 14, 2008

**DEDUCTIBLE INVOICE**

Invoice Number: 00008448  
Invoice Date: 12/31/07

NORTHEAST

To: SHAPES/ARCH HOLDINGS, L.L.C., ET AL  
9000 RIVER ROAD  
  
DELAIR NJ 08110

Attention: PAUL SORENSEN

Page 1 of 1

THE GRAHAM COMPANY 0268

Policy Number Policy Period  
86-670-8218 05/01/04 05/01/05  
WC-86-6258-000-505

Insured :  
SHAPES/ARCH HOLDINGS, L.L.C., ET AL  
9000 RIVER ROAD  
DELAIR NJ 08110

Description	Totals
LCF	\$ 934.59
LOSSES PAID	\$ 11,682.30

Policy Total: \$ 12,616.89

Remittance Due 01/20/08

Total Amount Due

Please return this remittance advice with your  
payment to:

ARGONAUT INSURANCE COMPANY  
P O Box 974941  
Dallas TX 75397 - 4941

If you have any questions concerning this  
invoice, please call:

Rick Riely (210) 321 - 8410

THANK YOU FOR YOUR BUSINESS !

SHAPES/ARCH HOLDINGS, L.L.C., ET AL  
DEDUCTIBLE SUMMARY

WORKERS COMPENSATION

Report Period: 11/24/2007 - 12/21/2007

Policy Number WC-86-670-008218

Inception Date: 05/01/2004

Expiration Date: 05/01/2005

Policy Aggregate: 0 % OF AGGREGATE PREMIUM BASIS

Policy Aggregate Amount: 4,100,000.00

Policy Aggregate Remaining: 2,695,414.06

Amount Exceeding Aggregate:

Shared Aggregate Group:

Group Aggregate Amount:

Group Aggregate Remaining:

Amount Exceeding Aggregate:

	Current Month Deductible Billed	ITD Deductible Billed	Current Month LCF Fee Billed	ITD LCF Fee Billed	Current Month Other Services	ITD Other Services	Current Month Incurred Losses	ITD Incurred Losses	Outstanding Reserves	ITD Payments Exceeding Deductible
Indemnity	3,250.38	482,107.15	260.03	36,968.56			.00	591,461.27	129,354.12	.00
Medical	7,522.27	830,137.38	601.79	66,411.05			.00	966,079.64	135,942.26	.00
Allocated	909.65	112,341.41	72.77	8,987.32			.00	125,151.29	12,809.88	.00
Other					.00	.00				
Total	11,682.30	1,404,585.94	934.59	112,366.93	.00	.00	.00	1,682,692.20	278,106.26	.00



**DEDUCTIBLE SYSTEM**  
**SHAPES/ARCH HOLDINGS, L.L.C., ET AL**

WORKERS COMPENSATION

**DEDUCTIBLE INVOICE DETAIL**

Report Period : 11/24/07 - 12/21/07

Claims with Current Month Payment Activity						
	Prior Month Deductible Billed	ITD Deductible Billed	Current Month Deductible Billed	Prior Month LCF Fee Billed	ITD LCF Fee Billed	Current Month LCF Fee Billed
<b>POLICY NUMBER WC-86-670-008218</b>						
<b>Location 002 200-022 ALUMINUM SHAPES, SHIPPING (ALUMINUM SHAPES)</b>						
<b>Claim No.86-035951 Injury Date 10/15/2004 WEKERLE, JOSEPH</b>						
Indemnity	84,448.80	86,526.12	2,077.32	6,755.90	6,922.09	166.19
Medical	172,772.18	180,294.45	7,522.27	13,821.77	14,423.56	601.79
Allocated	10,273.49	11,183.14	909.65	821.88	894.65	72.77
<b>Total</b>	<b>267,494.47</b>	<b>278,003.71</b>	<b>10,509.24</b>	<b>21,399.55</b>	<b>22,240.30</b>	<b>840.75</b>
<b>Location Total</b>	<b>267,494.47</b>	<b>278,003.71</b>	<b>10,509.24</b>	<b>21,399.55</b>	<b>22,240.30</b>	<b>840.75</b>
<b>Location 004 400-002 SH2 ULTRA HARDWARE, WAREHOUSE (ULTRA HARDWARE), SHIFT 2</b>						
<b>Claim No.86-036196 Injury Date 01/26/2005 HIDALGO, ANA</b>						
Indemnity	25,934.70	27,107.76	1,173.06	2,074.78	2,168.62	93.84
Medical	81,269.29	81,269.29	0.00	6,501.54	6,501.54	0.00
Allocated	5,281.98	5,281.98	0.00	422.56	422.56	0.00
<b>Total</b>	<b>112,485.97</b>	<b>113,659.03</b>	<b>1,173.06</b>	<b>8,998.88</b>	<b>9,092.72</b>	<b>93.84</b>
<b>Location Total</b>	<b>112,485.97</b>	<b>113,659.03</b>	<b>1,173.06</b>	<b>8,998.88</b>	<b>9,092.72</b>	<b>93.84</b>
<b>Policy Total</b>						
Indemnity	110,383.50	113,633.88	3,250.38	8,830.68	9,090.71	260.03
Medical	254,041.47	261,563.74	7,522.27	20,323.31	20,925.10	601.79
Allocated	15,555.47	16,465.12	909.65	1,244.44	1,317.21	72.77
<b>Total</b>	<b>379,980.44</b>	<b>391,662.74</b>	<b>11,682.30</b>	<b>30,398.43</b>	<b>31,333.02</b>	<b>934.59</b>
Current Month Other Services :	0.00					
ITD Other Services :	0.00					
<b>Customer Total</b>						
Indemnity	110,383.50	113,633.88	3,250.38	8,830.68	9,090.71	260.03
Medical	254,041.47	261,563.74	7,522.27	20,323.31	20,925.10	601.79
Allocated	15,555.47	16,465.12	909.65	1,244.44	1,317.21	72.77
<b>Total</b>	<b>379,980.44</b>	<b>391,662.74</b>	<b>11,682.30</b>	<b>30,398.43</b>	<b>31,333.02</b>	<b>934.59</b>
Current Month Other Services :	0.00					
ITD Other Services :	0.00					

This report only includes claims which have payment activity during the current month and is not a complete inventory of all claims on the policy.

**DEDUCTIBLE INVOICE**

Invoice Number: 00008460

Invoice Date: 12/31/07

NORTHEAST

To: SHAPES/ARCH HOLDINGS, L.L.C., ET AL  
9000 RIVER ROAD  
  
DELAIR NJ 08110

Attention: PAUL SORENSEN

Page 1 of 1

THE GRAHAM COMPANY 0268

Policy Number Policy Period  
86-682-8218 05/01/05 05/01/06  
WC-86-6258-000-506

Insured :  
SHAPES/ARCH HOLDINGS, L.L.C., ET AL  
9000 RIVER ROAD  
DELAIR NJ 08110

Description	Totals
-------------	--------

LCF	\$ 669.27
LOSSES PAID	\$ 8,365.83

Policy Total: \$ 9,035.10

Remittance Due 01/20/08

Total Amount Due \$ 9,035.10

Please return this remittance advice with your  
payment to:

ARGONAUT INSURANCE COMPANY  
P O Box 974941  
Dallas TX 75397 - 4941

If you have any questions concerning this  
invoice, please call:

Rick Riely (210) 321 - 8410

THANK YOU FOR YOUR BUSINESS !

SHAPES/ARCH HOLDINGS, L.L.C., ET AL  
DEDUCTIBLE SUMMARY

WORKERS COMPENSATION

Report Period: 11/24/2007 - 12/21/2007

Policy Number WC-86-682-008218

Inception Date: 05/01/2005

Expiration Date: 05/01/2006

Policy Aggregate: 0 % OF AGGREGATE PREMIUM BASIS

Policy Aggregate Amount: 4,100,000.00

Policy Aggregate Remaining: 3,074,563.49

Amount Exceeding Aggregate:

Shared Aggregate Group:

Group Aggregate Amount:

Group Aggregate Remaining:

Amount Exceeding Aggregate:

	Current Month Deductible Billed	ITD Deductible Billed	Current Month LCF Fee Billed	ITD LCF Fee Billed	Current Month Other Services	ITD Other Services	Current Month Incurred Losses	ITD Incurred Losses	Outstanding Reserves	ITD Payments Exceeding Deductible
Indemnity	1,694.56	310,342.59	135.57	24,827.42			-999.40	524,418.93	214,076.34	.00
Medical	3,466.57	595,136.42	278.93	47,610.89			1,489.87	658,525.74	63,389.32	.00
Allocated	3,184.70	119,957.50	264.77	9,596.61			437.02	140,641.58	20,684.08	.00
Other					.00	.00				
Total	8,365.83	1,025,436.51	669.27	82,034.92	.00	.00	927.49	1,323,586.25	298,149.74	.00

**DEDUCTIBLE SYSTEM**  
**SHAPES/ARCH HOLDINGS, L.L.C., ET AL**

WORKERS COMPENSATION

**DEDUCTIBLE INVOICE DETAIL**

Report Period : 11/24/07 - 12/21/07

Claims with Current Month Payment Activity						
	Prior Month Deductible Billed	ITD Deductible Billed	Current Month Deductible Billed	Prior Month LCF Fee Billed	ITD LCF Fee Billed	Current Month LCF Fee Billed
<b>POLICY NUMBER WC-86-682-008218</b>						
<b>Location 002 200-003 SH2 ALUMINUM SHAPES, EXTRUSION-CLEANING (ALUM SHPS), SHIFT 2</b>						
<b>Claim No.86-639752 Injury Date 01/21/2006 PUGH, PERRY</b>						
Indemnity	0.00	0.00	0.00	0.00	0.00	0.00
Medical	479.32	479.32	0.00	38.35	38.35	0.00
Allocated	0.00	9.54	9.54	0.00	0.76	0.76
<b>Total</b>	<b>479.32</b>	<b>488.86</b>	<b>9.54</b>	<b>38.35</b>	<b>39.11</b>	<b>0.76</b>
<b>Location Total</b>	<b>479.32</b>	<b>488.86</b>	<b>9.54</b>	<b>38.35</b>	<b>39.11</b>	<b>0.76</b>
<b>Location 002 200-004 SH2 ALUMINUM SHAPES, EXTRUSION-LOMBARD (ALUM SHPS), SHIFT 2</b>						
<b>Claim No.86-036756 Injury Date 09/07/2005 RIVERA, MIGUEL</b>						
Indemnity	0.00	0.00	0.00	0.00	0.00	0.00
Medical	143.34	773.34	630.00	11.47	61.87	50.40
Allocated	1,979.15	2,262.15	283.00	158.33	180.97	22.64
<b>Total</b>	<b>2,122.49</b>	<b>3,035.49</b>	<b>913.00</b>	<b>169.80</b>	<b>242.84</b>	<b>73.04</b>
<b>Location Total</b>	<b>2,122.49</b>	<b>3,035.49</b>	<b>913.00</b>	<b>169.80</b>	<b>242.84</b>	<b>73.04</b>
<b>Location 002 200-004 SH3 ALUMINUM SHAPES, EXTRUSION-LOMBARD (ALUM SHPS), SHIFT 3</b>						
<b>Claim No.86-636922 Injury Date 08/29/2005 GORDON, GARRETT</b>						
Indemnity	0.00	0.00	0.00	0.00	0.00	0.00
Medical	751.93	1,612.28	860.35	60.15	128.98	68.83
Allocated	10.59	299.37	288.78	0.85	23.95	23.10
<b>Total</b>	<b>762.52</b>	<b>1,911.65</b>	<b>1,149.13</b>	<b>61.00</b>	<b>152.93</b>	<b>91.93</b>
<b>Location Total</b>	<b>762.52</b>	<b>1,911.65</b>	<b>1,149.13</b>	<b>61.00</b>	<b>152.93</b>	<b>91.93</b>
<b>Location 002 200-005 SH1 ALUMINUM SHAPES, EXTRUSION-DANIELLI (ALUM SHPS), SHIFT 1</b>						
<b>Claim No.86-037010 Injury Date 06/25/2005 TRAN, TIM</b>						
Indemnity	0.00	0.00	0.00	0.00	0.00	0.00
Medical	3,807.78	3,807.78	0.00	304.62	304.62	0.00
Allocated	2,757.73	3,108.03	350.30	220.62	248.64	28.02
<b>Total</b>	<b>6,565.51</b>	<b>6,915.81</b>	<b>350.30</b>	<b>525.24</b>	<b>553.26</b>	<b>28.02</b>
<b>Location Total</b>	<b>6,565.51</b>	<b>6,915.81</b>	<b>350.30</b>	<b>525.24</b>	<b>553.26</b>	<b>28.02</b>
<b>Location 002 200-010 SH1 ALUMINUM SHAPES, FOUNDRY- CAST HOUSE (ALUM SHPS), SHIFT</b>						
<b>Claim No.86-037667 Injury Date 11/22/2005 PEREZ, VICTOR</b>						
Indemnity	19,063.80	20,758.36	1,694.56	1,525.10	1,660.67	135.57
Medical	74,603.07	75,662.32	1,059.25	5,968.25	6,052.99	84.74
Allocated	6,208.08	6,337.34	129.26	496.65	506.99	10.34
<b>Total</b>	<b>99,874.95</b>	<b>102,758.02</b>	<b>2,883.07</b>	<b>7,990.00</b>	<b>8,220.65</b>	<b>230.65</b>
<b>Location Total</b>	<b>99,874.95</b>	<b>102,758.02</b>	<b>2,883.07</b>	<b>7,990.00</b>	<b>8,220.65</b>	<b>230.65</b>

002 200-010 SH3

ITD - Inception To Date

LCF - Loss Conversion Factor

Page : 1

**DEDUCTIBLE SYSTEM**  
**SHAPES/ARCH HOLDINGS, L.L.C., ET AL**

WORKERS COMPENSATION

**DEDUCTIBLE INVOICE DETAIL**

Report Period : 11/24/07 - 12/21/07

Claims with Current Month Payment Activity						
	Prior Month Deductible Billed	ITD Deductible Billed	Current Month Deductible Billed	Prior Month LCF Fee Billed	ITD LCF Fee Billed	Current Month LCF Fee Billed
<b>POLICY NUMBER WC-86-682-008218</b>						
<b>Location 002 200-010 SH3 ALUMINUM SHAPES, FOUNDRY- CAST HOUSE (ALUM SHPS), SHIFT</b>						
<b>Claim No.86-636497 Injury Date 07/22/2005 MAOXOMPHU, BOUNTRY</b>						
Indemnity	0.00	0.00	0.00	0.00	0.00	0.00
Medical	1,218.44	1,218.44	0.00	97.48	97.48	0.00
Allocated	94.65	100.47	5.82	7.57	8.04	0.47
<b>Total</b>	<b>1,313.09</b>	<b>1,318.91</b>	<b>5.82</b>	<b>105.05</b>	<b>105.52</b>	<b>0.47</b>
<b>Location Total</b>	<b>1,313.09</b>	<b>1,318.91</b>	<b>5.82</b>	<b>105.05</b>	<b>105.52</b>	<b>0.47</b>
<b>Location 004 400-002 ULTRA HARDWARE, WAREHOUSE (ULTRA HARDWARE)</b>						
<b>Claim No.86-037052 Injury Date 01/31/2006 NUNEZ, ANA</b>						
Indemnity	0.00	0.00	0.00	0.00	0.00	0.00
Medical	47,199.48	48,136.45	936.97	3,775.96	3,850.92	74.96
Allocated	4,491.11	6,609.11	2,118.00	359.29	528.73	169.44
<b>Total</b>	<b>51,690.59</b>	<b>54,745.56</b>	<b>3,054.97</b>	<b>4,135.25</b>	<b>4,379.65</b>	<b>244.40</b>
<b>Location Total</b>	<b>51,690.59</b>	<b>54,745.56</b>	<b>3,054.97</b>	<b>4,135.25</b>	<b>4,379.65</b>	<b>244.40</b>
<b>Policy Total</b>						
Indemnity	19,063.80	20,758.36	1,694.56	1,525.10	1,660.67	135.57
Medical	128,203.36	131,689.93	3,486.57	10,256.28	10,535.21	278.93
Allocated	15,541.31	18,726.01	3,184.70	1,243.31	1,498.08	254.77
<b>Total</b>	<b>162,808.47</b>	<b>171,174.30</b>	<b>8,365.83</b>	<b>13,024.69</b>	<b>13,693.96</b>	<b>669.27</b>
Current Month Other Services :	0.00					
ITD Other Services :	0.00					
<b>Customer Total</b>						
Indemnity	19,063.80	20,758.36	1,694.56	1,525.10	1,660.67	135.57
Medical	128,203.36	131,689.93	3,486.57	10,256.28	10,535.21	278.93
Allocated	15,541.31	18,726.01	3,184.70	1,243.31	1,498.08	254.77
<b>Total</b>	<b>162,808.47</b>	<b>171,174.30</b>	<b>8,365.83</b>	<b>13,024.69</b>	<b>13,693.96</b>	<b>669.27</b>
Current Month Other Services :	0.00					
ITD Other Services :	0.00					

This report only includes claims which have payment activity during the Current Month and is not a complete inventory of all claims on the Policy.

**DEDUCTIBLE INVOICE**

Invoice Number: 00008485

Invoice Date: 01/31/08

NORTHEAST

To: SHAPES/ARCH HOLDINGS, L.L.C., ET AL  
9000 RIVER ROAD  
  
DELAIR NJ 08110

Attention: PAUL SORENSEN

Page 1 of 1

THE GRAHAM COMPANY 0268

Policy Number Policy Period  
86-670-8218 05/01/04 05/01/05  
WC-86-6258-000-505

Insured :  
SHAPES/ARCH HOLDINGS, L.L.C., ET AL  
9000 RIVER ROAD  
DELAIR NJ 08110

Description	Totals
LCF	\$ 604.50
LOSSES PAID	\$ 7,556.24

Policy Total: \$ 8,160.74

Total Amount Due

Please return this remittance advice with your  
payment to:

ARGONAUT INSURANCE COMPANY  
P O Box 974941  
Dallas TX 75397 - 4941

If you have any questions concerning this  
invoice, please call:

Rick Riely (210) 321 - 8410

THANK YOU FOR YOUR BUSINESS !

SHAPES/ARCH HOLDINGS, L.L.C., ET AL  
DEDUCTIBLE SUMMARY

WORKERS COMPENSATION

Report Period: 12/22/2007 - 01/25/2008

Policy Number WC-86-670-008218

Inception Date: 05/01/2004

Expiration Date: 05/01/2005

Policy Aggregate: 0 % OF AGGREGATE PREMIUM BASIS

Policy Aggregate Amount: 4,100,000.00

Policy Aggregate Remaining: 2,687,857.82

Amount Exceeding Aggregate:

Shared Aggregate Group:

Group Aggregate Amount:

Group Aggregate Remaining:

Amount Exceeding Aggregate:

	Current Month Deductible Billed	ITD Deductible Billed	Current Month LCF Fee Billed	ITD LCF Fee Billed	Current Month Other Services	ITD Other Services	Current Month Incurred Losses	ITD Incurred Losses	Outstanding Reserves	ITD Payments Exceeding Deductible
Indemnity	2,859.38	464,968.51	228.75	37,197.31			.00	591,461.27	126,494.76	.00
Medical	4,813.53	834,750.91	369.08	66,780.13			850.00	966,929.64	132,178.73	.00
Allocated	83.35	112,424.76	6.67	8,993.99			.00	125,151.29	12,726.53	.00
Other					.00	.00				
Total	7,556.24	1,412,142.18	604.50	112,971.43	.00	.00	850.00	1,683,542.20	271,400.02	.00

**DEDUCTIBLE SYSTEM**  
**SHAPES/ARCH HOLDINGS, L.L.C., ET AL**

WORKERS COMPENSATION

**DEDUCTIBLE INVOICE DETAIL**

Report Period : 12/22/07 - 01/25/08

Claims with Current Month Payment Activity						
	Prior Month Deductible Billed	ITD Deductible Billed	Current Month Deductible Billed	Prior Month LCF Fee Billed	ITD LCF Fee Billed	Current Month LCF Fee Billed
<b>POLICY NUMBER WC-86-670-008218</b>						
<b>Location 002 200-021 SH3 ALUMINUM SHAPES, PAINTLINE (ALUMINUM SHAPES), SHIFT 3</b>						
<b>Claim No.86-036146 Injury Date 12/01/2004 WARREN, TINA</b>						
Indemnity	11,382.06	11,382.06	0.00	910.56	910.56	0.00
Medical	8,549.61	9,399.61	850.00	683.97	751.97	68.00
Allocated	3,956.82	3,956.82	0.00	316.55	316.55	0.00
<b>Total</b>	<b>23,888.49</b>	<b>24,738.49</b>	<b>850.00</b>	<b>1,911.08</b>	<b>1,979.08</b>	<b>68.00</b>
<b>Location Total</b>	<b>23,888.49</b>	<b>24,738.49</b>	<b>850.00</b>	<b>1,911.08</b>	<b>1,979.08</b>	<b>68.00</b>
<b>Location 002 200-022 ALUMINUM SHAPES, SHIPPING (ALUMINUM SHAPES)</b>						
<b>Claim No.86-035951 Injury Date 10/15/2004 WEKERLE, JOSEPH</b>						
Indemnity	86,526.12	88,603.44	2,077.32	6,922.09	7,088.28	166.19
Medical	180,294.45	184,057.98	3,763.53	14,423.56	14,724.64	301.08
Allocated	11,183.14	11,266.49	83.35	894.65	901.32	6.67
<b>Total</b>	<b>278,003.71</b>	<b>283,927.91</b>	<b>5,924.20</b>	<b>22,240.30</b>	<b>22,714.24</b>	<b>473.94</b>
<b>Location Total</b>	<b>278,003.71</b>	<b>283,927.91</b>	<b>5,924.20</b>	<b>22,240.30</b>	<b>22,714.24</b>	<b>473.94</b>
<b>Location 004 400-002 SH2 ULTRA HARDWARE, WAREHOUSE (ULTRA HARDWARE), SHIFT 2</b>						
<b>Claim No.86-036196 Injury Date 01/26/2005 HIDALGO, ANA</b>						
Indemnity	27,107.76	27,889.80	782.04	2,168.62	2,231.18	62.56
Medical	81,269.29	81,269.29	0.00	6,501.54	6,501.54	0.00
Allocated	5,281.98	5,281.98	0.00	422.56	422.56	0.00
<b>Total</b>	<b>113,659.03</b>	<b>114,441.07</b>	<b>782.04</b>	<b>9,092.72</b>	<b>9,155.28</b>	<b>62.56</b>
<b>Location Total</b>	<b>113,659.03</b>	<b>114,441.07</b>	<b>782.04</b>	<b>9,092.72</b>	<b>9,155.28</b>	<b>62.56</b>
<b>Policy Total</b>						
Indemnity	125,015.94	127,875.30	2,859.36	10,001.27	10,230.02	228.75
Medical	270,113.35	274,726.88	4,613.53	21,609.07	21,978.15	369.08
Allocated	20,421.94	20,505.29	83.35	1,633.76	1,640.43	6.67
<b>Total</b>	<b>415,551.23</b>	<b>423,107.47</b>	<b>7,556.24</b>	<b>33,244.10</b>	<b>33,848.60</b>	<b>604.50</b>
Current Month Other Services :	0.00					
ITD Other Services :	0.00					



**DEDUCTIBLE SYSTEM**  
**SHAPES/ARCH HOLDINGS, L.L.C., ET AL**

**WORKERS COMPENSATION**

**DEDUCTIBLE INVOICE DETAIL**

Report Period : 12/22/07 - 01/25/08

Claims with Current Month Payment Activity						
	Prior Month Deductible Billed	ITD Deductible Billed	Current Month Deductible Billed	Prior Month LCF Fee Billed	ITD LCF Fee Billed	Current Month LCF Fee Billed
<b>Customer Total</b>						
Indemnity	125,015.94	127,875.30	2,859.36	10,001.27	10,230.02	228.75
Medical	270,113.35	274,726.88	4,613.53	21,609.07	21,978.15	369.08
Allocated	20,421.94	20,505.29	83.35	1,633.76	1,640.43	6.67
<b>Total</b>	<b>415,551.23</b>	<b>423,107.47</b>	<b>7,556.24</b>	<b>33,244.10</b>	<b>33,848.60</b>	<b>604.50</b>
Current Month Other Services :	0.00					
ITD Other Services :	0.00					

This report only includes Claims which have payment activity during the Current Month  
and is not a complete inventory of all Claims on the Policy.

**DEDUCTIBLE INVOICE**

Invoice Number: 00008497

Invoice Date: 01/31/08

NORTHEAST

To: SHAPES/ARCH HOLDINGS, L.L.C., ET AL  
9000 RIVER ROAD

DELAIR NJ 08110

Attention: PAUL SORENSEN

Page 1 of 1

THE GRAHAM COMPANY 0268

Policy Number Policy Period  
86-682-8218 05/01/05 05/01/06

WC-86-6258-000-506

Insured :  
SHAPES/ARCH HOLDINGS, L.L.C., ET AL  
9000 RIVER ROAD  
DELAIR NJ 08110

Description	Totals
-------------	--------

LCF	\$ 821.75
LOSSES PAID	\$ 10,271.97

Policy Total: \$ 11,093.72

Total Amount Due

Please return this remittance advice with your  
payment to:

ARGONAUT INSURANCE COMPANY  
P O Box 974941  
Dallas TX 75397 - 4941

If you have any questions concerning this  
invoice, please call:

Rick Riely (210) 321 - 8410

THANK YOU FOR YOUR BUSINESS !

SHAPES/ARCH HOLDINGS, L.L.C., ET AL  
DEDUCTIBLE SUMMARY

WORKERS COMPENSATION

Report Period: 12/22/2007 - 01/25/2008

Policy Number WC-86-882-008218					Inception Date: 05/01/2005		Expiration Date: 05/01/2006			
Policy Aggregate:		0 % OF AGGREGATE PREMIUM BASIS								
Policy Aggregate Amount:		4,100,000.00								
Policy Aggregate Remaining:		3,064,291.52								
Amount Exceeding Aggregate:										
Shared Aggregate Group:										
Group Aggregate Amount:										
Group Aggregate Remaining:										
Amount Exceeding Aggregate:										
	Current Month Deductible Billed	ITD Deductible Billed	Current Month LCF Fee Billed	ITD LCF Fee Billed	Current Month Other Services	ITD Other Services	Current Month Incurred Losses	ITD Incurred Losses	Outstanding Reserves	ITD Payments Exceeding Deductible
Indemnity	5,460.58	315,803.15	436.84	25,264.26			15,000.00	539,418.93	223,615.78	.00
Medical	2,271.68	597,408.10	181.73	47,792.62			3,500.14	662,025.88	64,617.78	.00
Allocated	2,539.73	122,497.23	203.18	9,799.79			9,105.31	149,746.89	27,249.66	.00
Other					.00	.00				
Total	10,271.97	1,035,708.48	821.75	82,856.67	.00	.00	27,605.45	1,351,191.70	315,483.22	.00

**DEDUCTIBLE SYSTEM**  
**SHAPES/ARCH HOLDINGS, L.L.C., ET AL**

WORKERS COMPENSATION

**DEDUCTIBLE INVOICE DETAIL**

Report Period : 12/22/07 - 01/25/08

Claims with Current Month Payment Activity						
	Prior Month Deductible Billed	ITD Deductible Billed	Current Month Deductible Billed	Prior Month LCF Fee Billed	ITD LCF Fee Billed	Current Month LCF Fee Billed
<b>POLICY NUMBER WC-86-682-008218</b>						
<b>Location 001 100-001 SH1 ACCU-WELD, 2300D (ACCU-WELD), SHIFT 1</b>						
<b>Claim No.86-638222 Injury Date 12/15/2005 DAVIS, CURTIS</b>						
Indemnity	0.00	0.00	0.00	0.00	0.00	0.00
Medical	83.73	83.73	0.00	6.70	6.70	0.00
Allocated	19.47	48.19	28.72	1.56	3.86	2.30
Total	103.20	131.92	28.72	8.26	10.56	2.30
<b>Location Total</b>	<b>103.20</b>	<b>131.92</b>	<b>28.72</b>	<b>8.26</b>	<b>10.56</b>	<b>2.30</b>
<b>Location 002 200-005 SH1 ALUMINUM SHAPES, EXTRUSION-DANIELLI (ALUM SHPS), SHIFT 1</b>						
<b>Claim No.86-037010 Injury Date 06/25/2005 TRAN, TIM</b>						
Indemnity	0.00	3,766.00	3,766.00	0.00	301.28	301.28
Medical	3,807.78	3,807.78	0.00	304.62	304.62	0.00
Allocated	3,108.03	3,278.03	170.00	248.64	262.24	13.60
Total	6,915.81	10,851.81	3,936.00	553.26	868.14	314.88
<b>Location Total</b>	<b>6,915.81</b>	<b>10,851.81</b>	<b>3,936.00</b>	<b>553.26</b>	<b>868.14</b>	<b>314.88</b>
<b>Location 002 200-010 SH1 ALUMINUM SHAPES, FOUNDRY- CAST HOUSE (ALUM SHPS), SHIFT</b>						
<b>Claim No.86-037667 Injury Date 11/22/2005 PEREZ, VICTOR</b>						
Indemnity	20,758.36	22,452.92	1,694.56	1,660.67	1,796.23	135.56
Medical	75,662.32	76,452.32	790.00	6,052.99	6,116.19	63.20
Allocated	6,337.34	6,510.36	173.02	506.99	520.83	13.84
Total	102,758.02	105,415.60	2,657.58	8,220.65	8,433.25	212.60
<b>Location Total</b>	<b>102,758.02</b>	<b>105,415.60</b>	<b>2,657.58</b>	<b>8,220.65</b>	<b>8,433.25</b>	<b>212.60</b>
<b>Location 002 200-017 SH1 ALUMINUM SHAPES, FABRICATION- FENCE ASSEMBLY (AS), SHIFT</b>						
<b>Claim No.86-037026 Injury Date 10/15/2005 WASHINGTON, JR., DENIS</b>						
Indemnity	20,596.60	20,596.60	0.00	1,647.73	1,647.73	0.00
Medical	1,914.52	1,914.52	0.00	153.16	153.16	0.00
Allocated	3,516.88	4,592.92	1,076.04	281.35	367.43	86.08
Total	26,028.00	27,104.04	1,076.04	2,082.24	2,168.32	86.08
<b>Location Total</b>	<b>26,028.00</b>	<b>27,104.04</b>	<b>1,076.04</b>	<b>2,082.24</b>	<b>2,168.32</b>	<b>86.08</b>
<b>Location 002 200-019 SH3 ALUMINUM SHAPES, OFFICE (ALUMINUM SHAPES), SHIFT 3</b>						
<b>Claim No.86-037653 Injury Date 10/20/2005 HERNANDEZ, JUAN</b>						
Indemnity	0.00	0.00	0.00	0.00	0.00	0.00
Medical	1,568.47	1,568.47	0.00	125.48	125.48	0.00
Allocated	2,223.18	2,974.13	750.95	177.85	237.93	60.08
Total	3,791.65	4,542.60	750.95	303.33	363.41	60.08
<b>Location Total</b>	<b>3,791.65</b>	<b>4,542.60</b>	<b>750.95</b>	<b>303.33</b>	<b>363.41</b>	<b>60.08</b>

004 400-002

ITD - Inception To Date

LCF - Loss Conversion Factor

Page : 1

**DEDUCTIBLE SYSTEM**  
**SHAPES/ARCH HOLDINGS, L.L.C., ET AL**

WORKERS COMPENSATION

**DEDUCTIBLE INVOICE DETAIL**

Report Period : 12/22/07 - 01/25/08

Claims with Current Month Payment Activity						
	Prior Month Deductible Billed	ITD Deductible Billed	Current Month Deductible Billed	Prior Month LCF Fee Billed	ITD LCF Fee Billed	Current Month LCF Fee Billed
<b>POLICY NUMBER WC-86-682-008218</b>						
<b>Location 004 400-002</b>						
<b>ULTRA HARDWARE, WAREHOUSE (ULTRA HARDWARE)</b>						
<b>Claim No.86-037052</b>	<b>Injury Date 01/31/2006</b>	<b>NUNEZ, ANA</b>				
Indemnity	0.00	0.00	0.00	0.00	0.00	0.00
Medical	48,136.45	49,618.13	1,481.68	3,850.92	3,969.45	118.53
Allocated	6,609.11	6,950.11	341.00	528.73	556.01	27.28
Total	54,745.56	56,568.24	1,822.68	4,379.65	4,525.46	145.81
<b>Location Total</b>	<b>54,745.56</b>	<b>56,568.24</b>	<b>1,822.68</b>	<b>4,379.65</b>	<b>4,525.46</b>	<b>145.81</b>
<b>Policy Total</b>						
Indemnity	41,354.96	46,815.52	5,460.56	3,308.40	3,745.24	436.84
Medical	131,173.27	133,444.95	2,271.68	10,493.87	10,675.60	181.73
Allocated	21,814.01	24,353.74	2,539.73	1,745.12	1,948.30	203.18
Total	194,342.24	204,614.21	10,271.97	15,547.39	16,369.14	821.75
Current Month Other Services :	0.00					
ITD Other Services :	0.00					
<b>Customer Total</b>						
Indemnity	41,354.96	46,815.52	5,460.56	3,308.40	3,745.24	436.84
Medical	131,173.27	133,444.95	2,271.68	10,493.87	10,675.60	181.73
Allocated	21,814.01	24,353.74	2,539.73	1,745.12	1,948.30	203.18
Total	194,342.24	204,614.21	10,271.97	15,547.39	16,369.14	821.75
Current Month Other Services :	0.00					
ITD Other Services :	0.00					

This report only includes claims which have payment activity during the Current Month  
and is not a complete inventory of all claims on the Policy

**DEDUCTIBLE INVOICE**

Invoice Number: 00008520

Invoice Date: 02/29/08

NORTHEAST

To: SHAPES/ARCH HOLDINGS, L.L.C., ET AL  
9000 RIVER ROAD  
  
DELAIR NJ 08110

Attention: PAUL SORENSEN

Page 1 of 1

THE GRAHAM COMPANY 0268

Policy Number Policy Period  
86-670-8218 05/01/04 05/01/05  
WC-86-6258-000-505

Insured :  
SHAPES/ARCH HOLDINGS, L.L.C., ET AL  
9000 RIVER ROAD  
DELAIR NJ 08110

Description	Totals
-------------	--------

LCF	\$ 381.26
-----	-----------

LOSSES PAID	\$ 4,765.81
-------------	-------------

Policy Total: \$ 5,147.07

Remittance Due: 03/20/08

Total Amount Due

Please return this remittance advice with your  
payment to:

ARGONAUT INSURANCE COMPANY  
P O Box 974941  
Dallas TX 75397 - 4941

If you have any questions concerning this  
invoice, please call:

Rick Riely (210) 321 - 8410

THANK YOU FOR YOUR BUSINESS !

SHAPES/ARCH HOLDINGS, L.L.C., ET AL  
DEDUCTIBLE SUMMARY

WORKERS COMPENSATION

Report Period: 01/26/2008 - 02/22/2008

Policy Number WC-86-670-008218

Inception Date: 05/01/2004

Expiration Date: 05/01/2005

Policy Aggregate: 0 % OF AGGREGATE PREMIUM BASIS

Policy Aggregate Amount: 4,100,000.00

Policy Aggregate Remaining: 2,683,092.01

Amount Exceeding Aggregate:

Shared Aggregate Group:

Group Aggregate Amount:

Group Aggregate Remaining:

Amount Exceeding Aggregate:

	Current Month Deductible Billed	ITD Deductible Billed	Current Month LCF Fee Billed	ITD LCF Fee Billed	Current Month Other Services	ITD Other Services	Current Month Incurred Losses	ITD Incurred Losses	Outstanding Reserves	ITD Payments Exceeding Deductible
Indemnity	2,859.36	467,825.87	228.75	37,426.06			.00	591,461.27	123,635.40	.00
Medical	1,863.40	836,614.31	149.07	66,929.20			.00	966,929.64	130,315.33	.00
Allocated	43.05	112,467.81	3.44	8,997.43			.00	125,151.29	12,683.48	.00
Other					.00	.00				
Total	4,765.81	1,416,907.99	381.26	113,352.69	.00	.00	.00	1,683,542.20	266,634.21	.00

**DEDUCTIBLE SYSTEM**  
**SHAPES/ARCH HOLDINGS, L.L.C., ET AL**

**WORKERS COMPENSATION**

**DEDUCTIBLE INVOICE DETAIL**

Report Period : 01/26/08 - 02/22/08

Claims with Current Month Payment Activity						
	Prior Month Deductible Billed	ITD Deductible Billed	Current Month Deductible Billed	Prior Month LCF Fee Billed	ITD LCF Fee Billed	Current Month LCF Fee Billed
<b>POLICY NUMBER WC-86-670-008218</b>						
<b>Location 002 200-022 ALUMINUM SHAPES, SHIPPING (ALUMINUM SHAPES)</b>						
<b>Claim No.86-035951 Injury Date 10/15/2004 WEKERLE, JOSEPH</b>						
Indemnity	88,603.44	90,680.76	2,077.32	7,088.28	7,254.46	166.18
Medical	184,057.98	185,921.38	1,863.40	14,724.64	14,873.71	149.07
Allocated	11,266.49	11,309.54	43.05	901.32	904.76	3.44
<b>Total</b>	<b>283,927.91</b>	<b>287,911.68</b>	<b>3,983.77</b>	<b>22,714.24</b>	<b>23,032.93</b>	<b>318.69</b>
<b>Location Total</b>	<b>283,927.91</b>	<b>287,911.68</b>	<b>3,983.77</b>	<b>22,714.24</b>	<b>23,032.93</b>	<b>318.69</b>
<b>Location 004 400-002 SH2 ULTRA HARDWARE, WAREHOUSE (ULTRA HARDWARE), SHIFT 2</b>						
<b>Claim No.86-036196 Injury Date 01/26/2005 HIDALGO, ANA</b>						
Indemnity	27,889.80	28,671.84	782.04	2,231.18	2,293.75	62.57
Medical	81,269.29	81,269.29	0.00	6,501.54	6,501.54	0.00
Allocated	5,281.98	5,281.98	0.00	422.56	422.56	0.00
<b>Total</b>	<b>114,441.07</b>	<b>115,223.11</b>	<b>782.04</b>	<b>9,155.28</b>	<b>9,217.85</b>	<b>62.57</b>
<b>Location Total</b>	<b>114,441.07</b>	<b>115,223.11</b>	<b>782.04</b>	<b>9,155.28</b>	<b>9,217.85</b>	<b>62.57</b>
<b>Policy Total</b>						
Indemnity	116,493.24	119,352.60	2,859.36	9,319.46	9,548.21	228.75
Medical	265,327.27	267,190.67	1,863.40	21,226.18	21,375.25	149.07
Allocated	16,548.47	16,591.52	43.05	1,323.88	1,327.32	3.44
<b>Total</b>	<b>398,368.98</b>	<b>403,134.79</b>	<b>4,765.81</b>	<b>31,869.52</b>	<b>32,250.78</b>	<b>381.26</b>
Current Month Other Services :	0.00					
ITD Other Services :	0.00					
<b>Customer Total</b>						
Indemnity	116,493.24	119,352.60	2,859.36	9,319.46	9,548.21	228.75
Medical	265,327.27	267,190.67	1,863.40	21,226.18	21,375.25	149.07
Allocated	16,548.47	16,591.52	43.05	1,323.88	1,327.32	3.44
<b>Total</b>	<b>398,368.98</b>	<b>403,134.79</b>	<b>4,765.81</b>	<b>31,869.52</b>	<b>32,250.78</b>	<b>381.26</b>
Current Month Other Services :	0.00					
ITD Other Services :	0.00					

This report only includes claims which have payment activity during the Current Month and is not a complete inventory of all claims on this Policy.



**DEDUCTIBLE INVOICE**

Invoice Number: 00008531

Invoice Date: 02/29/08

NORTHEAST

To: SHAPES/ARCH HOLDINGS, L.L.C., ET AL  
9000 RIVER ROAD  
  
DELAIR NJ 08110

Attention: PAUL SORENSEN

Page 1 of 1

THE GRAHAM COMPANY 0268

Policy Number Policy Period  
86-682-8218 05/01/05 05/01/06  
WC-86-6258-000-506

Insured :  
SHAPES/ARCH HOLDINGS, L.L.C., ET AL  
9000 RIVER ROAD  
DELAIR NJ 08110

Description	Totals
LCF	\$ 1,005.79
LOSSES PAID	\$ 12,572.16

Policy Total: \$ 13,577.95

Remittance Due: 03/28/08

Total Amount Due

Please return this remittance advice with your  
payment to:

ARGONAUT INSURANCE COMPANY  
P O Box 974941  
Dallas TX 75397 - 4941

If you have any questions concerning this  
invoice, please call:

Rick Riely (210) 321 - 8410

THANK YOU FOR YOUR BUSINESS !

**SHAPES/ARCH HOLDINGS, L.L.C., ET AL**  
**DEDUCTIBLE SUMMARY**

**WORKERS COMPENSATION**

Report Period: 01/26/2008 - 02/22/2008

**Policy Number WC-86-682-008218**

Inception Date: 05/01/2005

Expiration Date: 05/01/2008

Policy Aggregate: 0 % OF AGGREGATE PREMIUM BASIS

Policy Aggregate Amount: 4,100,000.00

Policy Aggregate Remaining: 3,051,719.36

Amount Exceeding Aggregate:

Shared Aggregate Group:

Group Aggregate Amount:

Group Aggregate Remaining:

Amount Exceeding Aggregate:

	Current Month Deductible Billed	ITD Deductible Billed	Current Month LCF Fee Billed	ITD LCF Fee Billed	Current Month Other Services	ITD Other Services	Current Month Incurred Losses	ITD Incurred Losses	Outstanding Reserves	ITD Payments Exceeding Deductible
Indemnity	8,514.56	324,317.71	681.17	25,945.43			9,000.60	548,419.53	224,101.82	.00
Medical	3,740.22	601,148.32	299.22	48,091.84			10,981.17	673,007.05	71,858.73	.00
Allocated	317.38	122,814.61	25.40	9,825.19			17,500.71	167,247.60	44,432.99	.00
Other					.00	.00				
<b>Total</b>	<b>12,572.16</b>	<b>1,048,280.64</b>	<b>1,005.79</b>	<b>83,862.46</b>	<b>.00</b>	<b>.00</b>	<b>37,482.48</b>	<b>1,388,674.18</b>	<b>340,393.54</b>	<b>.00</b>

**DEDUCTIBLE SYSTEM**  
**SHAPES/ARCH HOLDINGS, L.L.C., ET AL**

WORKERS COMPENSATION

**DEDUCTIBLE INVOICE DETAIL**

Report Period : 01/26/08 - 02/22/08

Claims with Current Month Payment Activity						
	Prior Month Deductible Billed	ITD Deductible Billed	Current Month Deductible Billed	Prior Month LCF Fee Billed	ITD LCF Fee Billed	Current Month LCF Fee Billed
<b>POLICY NUMBER WC-86-682-008218</b>						
<b>Location 001 100-009 SH3 ACCU-WELD, GARDENBAY (ACCU-WELD), SHIFT 3</b>						
<b>Claim No.86-637144 Injury Date 09/28/2005 CHAYNEY, ANDREA</b>						
Indemnity	0.00	0.00	0.00	0.00	0.00	0.00
Medical	0.00	269.70	269.70	0.00	21.58	21.58
Allocated	0.00	0.00	0.00	0.00	0.00	0.00
Total	0.00	269.70	269.70	0.00	21.58	21.58
<b>Location Total</b>	<b>0.00</b>	<b>269.70</b>	<b>269.70</b>	<b>0.00</b>	<b>21.58</b>	<b>21.58</b>
<b>Location 001 100-012 SH1 ACCU-WELD, UTP (ACCU-WELD), SHIFT 1</b>						
<b>Claim No.86-037128 Injury Date 02/27/2006 LEWIS, JOSEPH</b>						
Indemnity	3,300.40	3,300.40	0.00	264.03	264.03	0.00
Medical	6,934.25	6,934.25	0.00	554.74	554.74	0.00
Allocated	394.29	400.11	5.82	31.54	32.01	0.47
Total	10,628.94	10,634.76	5.82	850.31	850.78	0.47
<b>Location Total</b>	<b>10,628.94</b>	<b>10,634.76</b>	<b>5.82</b>	<b>850.31</b>	<b>850.78</b>	<b>0.47</b>
<b>Location 002 100-001 ALUMINUM SHAPES, 2300D (ACCU-WELD)</b>						
<b>Claim No.40-167624 Injury Date 11/07/2005 ALCALDE, FLOR</b>						
Indemnity	0.00	0.00	0.00	0.00	0.00	0.00
Medical	0.00	153.75	153.75	0.00	12.30	12.30
Allocated	0.00	0.00	0.00	0.00	0.00	0.00
Total	0.00	153.75	153.75	0.00	12.30	12.30
<b>Location Total</b>	<b>0.00</b>	<b>153.75</b>	<b>153.75</b>	<b>0.00</b>	<b>12.30</b>	<b>12.30</b>
<b>Location 002 200-005 SH1 ALUMINUM SHAPES, EXTRUSION-DANIELLI (ALUM SHPS), SHIFT 1</b>						
<b>Claim No.86-037010 Injury Date 06/25/2005 TRAN, TIM</b>						
Indemnity	3,766.00	5,086.00	1,320.00	301.28	406.88	105.60
Medical	3,807.78	3,807.78	0.00	304.62	304.62	0.00
Allocated	3,278.03	3,278.03	0.00	262.24	262.24	0.00
Total	10,851.81	12,171.81	1,320.00	868.14	973.74	105.60
<b>Location Total</b>	<b>10,851.81</b>	<b>12,171.81</b>	<b>1,320.00</b>	<b>868.14</b>	<b>973.74</b>	<b>105.60</b>
<b>Location 002 200-010 SH1 ALUMINUM SHAPES, FOUNDRY- CAST HOUSE (ALUM SHPS), SHIFT</b>						
<b>Claim No.86-037667 Injury Date 11/22/2005 PEREZ, VICTOR</b>						
Indemnity	22,452.92	24,147.48	1,694.56	1,796.23	1,931.80	135.57
Medical	76,452.32	77,419.16	966.84	6,116.19	6,193.53	77.34
Allocated	6,510.36	6,702.58	192.22	520.83	536.21	15.38
Total	105,415.60	108,269.22	2,853.62	8,433.25	8,661.54	228.29
<b>Location Total</b>	<b>105,415.60</b>	<b>108,269.22</b>	<b>2,853.62</b>	<b>8,433.25</b>	<b>8,661.54</b>	<b>228.29</b>

002 200-018 SH1

ITD - Inception To Date

LCF - Loss Conversion Factor

Page : 1

**DEDUCTIBLE SYSTEM**  
**SHAPES/ARCH HOLDINGS, L.L.C., ET AL**

**WORKERS COMPENSATION**

**DEDUCTIBLE INVOICE DETAIL**

Report Period : 01/26/08 - 02/22/08

Claims with Current Month Payment Activity						
	Prior Month Deductible Billed	ITD Deductible Billed	Current Month Deductible Billed	Prior Month LCF Fee Billed	ITD LCF Fee Billed	Current Month LCF Fee Billed
<b>POLICY NUMBER WC-86-682-008218</b>						
<b>Location 002 200-018 SH1 ALUMINUM SHAPES, MAINTENANCE (ALUMINUM SHAPES), SHIFT 1</b>						
<b>Claim No.86-639753 Injury Date 04/03/2006 ROMOS, ANTONIO</b>						
Indemnity	0.00	0.00	0.00	0.00	0.00	0.00
Medical	0.00	556.97	556.97	0.00	44.56	44.56
Allocated	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total</b>	<b>0.00</b>	<b>556.97</b>	<b>556.97</b>	<b>0.00</b>	<b>44.56</b>	<b>44.56</b>
<b>Location Total</b>	<b>0.00</b>	<b>556.97</b>	<b>556.97</b>	<b>0.00</b>	<b>44.56</b>	<b>44.56</b>
<b>Location 002 200-019 SH3 ALUMINUM SHAPES, OFFICE (ALUMINUM SHAPES), SHIFT 3</b>						
<b>Claim No.86-037653 Injury Date 10/20/2005 HERNANDEZ, JUAN</b>						
Indemnity	0.00	5,500.00	5,500.00	0.00	440.00	440.00
Medical	1,568.47	1,568.47	0.00	125.48	125.48	0.00
Allocated	2,974.13	3,059.13	85.00	237.93	244.73	6.80
<b>Total</b>	<b>4,542.60</b>	<b>10,127.60</b>	<b>5,585.00</b>	<b>363.41</b>	<b>810.21</b>	<b>446.80</b>
<b>Location Total</b>	<b>4,542.60</b>	<b>10,127.60</b>	<b>5,585.00</b>	<b>363.41</b>	<b>810.21</b>	<b>446.80</b>
<b>Location 004 400-002 ULTRA HARDWARE, WAREHOUSE (ULTRA HARDWARE)</b>						
<b>Claim No.86-037052 Injury Date 01/31/2006 NUNEZ, ANA</b>						
Indemnity	0.00	0.00	0.00	0.00	0.00	0.00
Medical	49,618.13	51,411.09	1,792.96	3,969.45	4,112.89	143.44
Allocated	6,950.11	6,984.45	34.34	556.01	558.76	2.75
<b>Total</b>	<b>56,568.24</b>	<b>58,395.54</b>	<b>1,827.30</b>	<b>4,525.46</b>	<b>4,671.65</b>	<b>146.19</b>
<b>Location Total</b>	<b>56,568.24</b>	<b>58,395.54</b>	<b>1,827.30</b>	<b>4,525.46</b>	<b>4,671.65</b>	<b>146.19</b>
<b>Policy Total</b>						
Indemnity	29,519.32	38,033.88	8,514.56	2,361.54	3,042.71	681.17
Medical	138,380.95	142,121.17	3,740.22	11,070.48	11,369.70	299.22
Allocated	20,106.92	20,424.30	317.38	1,608.55	1,633.95	25.40
<b>Total</b>	<b>188,007.19</b>	<b>200,579.35</b>	<b>12,572.16</b>	<b>15,040.57</b>	<b>16,046.36</b>	<b>1,005.79</b>
Current Month Other Services :	0.00					
ITD Other Services :	0.00					

DEDUCTIBLE SYSTEM  
SHAPES/ARCH HOLDINGS, L.L.C., ET AL

WORKERS COMPENSATION

DEDUCTIBLE INVOICE DETAIL

Report Period : 01/26/08 - 02/22/08

Claims with Current Month Payment Activity						
	Prior Month Deductible Billed	ITD Deductible Billed	Current Month Deductible Billed	Prior Month LCF Fee Billed	ITD LCF Fee Billed	Current Month LCF Fee Billed
<b>Customer Total</b>						
Indemnity	29,519.32	38,033.88	8,514.56	2,361.54	3,042.71	681.17
Medical	138,380.95	142,121.17	3,740.22	11,070.48	11,369.70	299.22
Allocated	20,106.92	20,424.30	317.38	1,608.55	1,633.95	25.40
<b>Total</b>	<b>188,007.19</b>	<b>200,579.35</b>	<b>12,572.16</b>	<b>15,040.57</b>	<b>16,046.36</b>	<b>1,005.79</b>
Current Month Other Services :	0.00					
ITD Other Services :	0.00					

This report only includes Claims which have payment activity during the Current Month,  
and is not a complete inventory of all Claims on the Policy.

**DEDUCTIBLE INVOICE**

Invoice Number: 00008557

Invoice Date: 03/31/08

NORTHEAST

To: SHAPES/ARCH HOLDINGS, L.L.C., ET AL  
9000 RIVER ROAD  
  
DELAIR NJ 08110

Attention: PAUL SORENSEN

Page 1 of 1

THE GRAHAM COMPANY 0268

Policy Number Policy Period  
86-670-8218 05/01/04 05/01/05  
WC-86-6258-000-505

Insured :  
SHAPES/ARCH HOLDINGS, L.L.C., ET AL  
9000 RIVER ROAD  
DELAIR NJ 08110

Description	Totals
-------------	--------

LCF	\$ 450.34
-----	-----------

LOSSES PAID	\$ 5,629.16
-------------	-------------

Policy Total: \$ 6,079.50

Total Amount Due

Please return this remittance advice with your  
payment to:

ARGONAUT INSURANCE COMPANY  
P O Box 974941  
Dallas TX 75397 - 4941

If you have any questions concerning this  
invoice, please call:

Rick Riely (210) 321 - 8410

**THANK YOU FOR YOUR BUSINESS !**

SHAPES/ARCH HOLDINGS, L.L.C., ET AL  
DEDUCTIBLE SUMMARY

WORKERS COMPENSATION

Report Period: 02/23/2008 - 03/21/2008

Policy Number WC-86-670-008218

Inception Date: 05/01/2004

Expiration Date: 05/01/2005

Policy Aggregate: 0 % OF AGGREGATE PREMIUM BASIS

Policy Aggregate Amount: 4,100,000.00

Policy Aggregate Remaining: 2,677,462.85

Amount Exceeding Aggregate:

Shared Aggregate Group:

Group Aggregate Amount:

Group Aggregate Remaining:

Amount Exceeding Aggregate:

	Current Month Deductible Billed	ITD Deductible Billed	Current Month LCF Fee Billed	ITD LCF Fee Billed	Current Month Other Services	ITD Other Services	Current Month Incurred Losses	ITD Incurred Losses	Outstanding Reserves	ITD Payments Exceeding Deductible
Indemnity	2,659.36	470,685.23	228.75	37,654.81			.00	591,461.27	120,776.04	.00
Medical	2,763.98	839,378.29	221.12	67,150.32			.00	966,929.64	127,551.35	.00
Allocated	5.82	112,473.63	.47	8,997.90			.00	125,151.29	12,677.66	.00
Other					.00	.00				
Total	5,629.16	1,422,537.15	450.34	113,803.03	.00	.00	.00	1,683,542.20	261,005.05	.00

DEDUCTIBLE SYSTEM  
SHAPES/ARCH HOLDINGS, L.L.C., ET AL

WORKERS COMPENSATION

DEDUCTIBLE INVOICE DETAIL

Report Period : 02/23/08 - 03/21/08

Claims with Current Month Payment Activity						
	Prior Month Deductible Billed	ITD Deductible Billed	Current Month Deductible Billed	Prior Month LCF Fee Billed	ITD LCF Fee Billed	Current Month LCF Fee Billed
<b>POLICY NUMBERWC-86-670-008218</b>						
<b>Location 002 200-022 ALUMINUM SHAPES, SHIPPING (ALUMINUM SHAPES)</b>						
<b>Claim No.86-035951 Injury Date10/15/2004 WEKERLE, JOSEPH</b>						
Indemnity	90,680.76	92,758.08	2,077.32	7,254.46	7,420.65	166.19
Medical	185,921.38	188,685.36	2,763.98	14,873.71	15,094.83	221.12
Allocated	11,309.54	11,315.36	5.82	904.76	905.23	0.47
<b>Total</b>	<b>287,911.68</b>	<b>292,758.80</b>	<b>4,847.12</b>	<b>23,032.93</b>	<b>23,420.71</b>	<b>387.78</b>
<b>Location Total</b>	<b>287,911.68</b>	<b>292,758.80</b>	<b>4,847.12</b>	<b>23,032.93</b>	<b>23,420.71</b>	<b>387.78</b>
<b>Location 004 400-002 SH2 ULTRA HARDWARE, WAREHOUSE (ULTRA HARDWARE), SHIFT 2</b>						
<b>Claim No.86-036196 Injury Date01/26/2005 HIDALGO, ANA</b>						
Indemnity	28,671.84	29,453.88	782.04	2,293.75	2,356.31	62.56
Medical	81,269.29	81,269.29	0.00	6,501.54	6,501.54	0.00
Allocated	5,281.98	5,281.98	0.00	422.56	422.56	0.00
<b>Total</b>	<b>115,223.11</b>	<b>116,005.15</b>	<b>782.04</b>	<b>9,217.85</b>	<b>9,280.41</b>	<b>62.56</b>
<b>Location Total</b>	<b>115,223.11</b>	<b>116,005.15</b>	<b>782.04</b>	<b>9,217.85</b>	<b>9,280.41</b>	<b>62.56</b>
<b>Policy Total</b>						
Indemnity	119,352.60	122,211.96	2,859.36	9,548.21	9,776.96	228.75
Medical	267,190.67	269,954.65	2,763.98	21,375.25	21,596.37	221.12
Allocated	16,591.52	16,597.34	5.82	1,327.32	1,327.79	0.47
<b>Total</b>	<b>403,134.79</b>	<b>408,763.95</b>	<b>5,629.16</b>	<b>32,250.78</b>	<b>32,701.12</b>	<b>450.34</b>
Current Month Other Services :	0.00					
ITD Other Services :	0.00					
<b>Customer Total</b>						
Indemnity	119,352.60	122,211.96	2,859.36	9,548.21	9,776.96	228.75
Medical	267,190.67	269,954.65	2,763.98	21,375.25	21,596.37	221.12
Allocated	16,591.52	16,597.34	5.82	1,327.32	1,327.79	0.47
<b>Total</b>	<b>403,134.79</b>	<b>408,763.95</b>	<b>5,629.16</b>	<b>32,250.78</b>	<b>32,701.12</b>	<b>450.34</b>
Current Month Other Services :	0.00					
ITD Other Services :	0.00					

This report only includes Claims which have payment activity during the Current Month and is not a complete inventory of all Claims on the Policy.



**DEDUCTIBLE INVOICE**

Invoice Number: 00008570  
Invoice Date: 03/31/08

NORTHEAST

To: SHAPES/ARCH HOLDINGS, L.L.C., ET AL  
9000 RIVER ROAD  
  
DELAIR NJ 08110

Attention: PAUL SORENSEN

Page 1 of 1

THE GRAHAM COMPANY 0268

Policy Number Policy Period  
86-682-8218 05/01/05 05/01/06  
WC-86-6258-000-506

Insured :  
SHAPES/ARCH HOLDINGS, L.L.C., ET AL  
9000 RIVER ROAD  
DELAIR NJ 08110

Description	Totals
LCF	\$ 428.19
LOSSES PAID	\$ 5,352.52

Policy Total: \$ 5,780.71

Remittance Due 04/20/08

Total Amount Due \$ 5,780.71

Please return this remittance advice with your  
payment to:

ARGONAUT INSURANCE COMPANY  
P O Box 974941  
Dallas TX 75397 - 4941

If you have any questions concerning this  
invoice, please call:

Rick Riely (210) 321 - 8410

THANK YOU FOR YOUR BUSINESS !

SHAPES/ARCH HOLDINGS, L.L.C., ET AL  
DEDUCTIBLE SUMMARY

WORKERS COMPENSATION

Report Period: 02/23/2008 - 03/21/2008

Policy Number WC-86-682-008218

Inception Date: 05/01/2005

Expiration Date: 05/01/2006

Policy Aggregate: 0 % OF AGGREGATE PREMIUM BASIS

Policy Aggregate Amount: 4,100,000.00

Policy Aggregate Remaining: 3,046,366.84

Amount Exceeding Aggregate:

Shared Aggregate Group:

Group Aggregate Amount:

Group Aggregate Remaining:

Amount Exceeding Aggregate:

	Current Month Deductible Billed	ITD Deductible Billed	Current Month LCF Fee Billed	ITD LCF Fee Billed	Current Month Other Services	ITD Other Services	Current Month Incurred Losses	ITD Incurred Losses	Outstanding Reserves	ITD Payments Exceeding Deductible
Indemnity	847.28	325,184.89	67.78	26,013.21			12,583.00	561,002.53	235,837.54	.00
Medical	2,192.04	803,340.36	175.36	48,267.20			36,882.25	709,889.30	106,548.94	.00
Allocated	2,313.20	125,127.81	185.05	10,010.24			3,283.00	170,530.80	45,402.79	.00
Other					.00	.00				
Total	5,352.52	1,053,633.16	428.19	84,290.65	.00	.00	52,748.25	1,441,422.43	387,789.27	.00

## SHAPES/ARCH HOLDINGS, L.L.C., ET AL

## Report Period : 02/23/08 - 03/21/08

### Claims with Current Month Payment Activity

<b>Location Total</b>	<b>3,035.49</b>	<b>3,259.29</b>	<b>223.80</b>	<b>242.84</b>	<b>260.75</b>	<b>17.91</b>
-----------------------	-----------------	-----------------	---------------	---------------	---------------	--------------

Page : 1

**DEDUCTIBLE SYSTEM**  
**SHAPES/ARCH HOLDINGS, L.L.C., ET AL**

WORKERS COMPENSATION

**DEDUCTIBLE INVOICE DETAIL**

Report Period : 02/23/08 - 03/21/08

Claims with Current Month Payment Activity						
	Prior Month Deductible Billed	ITD Deductible Billed	Current Month Deductible Billed	Prior Month LCF Fee Billed	ITD LCF Fee Billed	Current Month LCF Fee Billed
<b>POLICY NUMBER WC-86-682-008218</b>						
<b>Location 002 200-005 SH1 ALUMINUM SHAPES, EXTRUSION-DANIELLI (ALUM SHPS), SHIFT 1</b>						
Claim No.86-037010 Injury Date 06/25/2005 TRAN, TIM						
Indemnity	5,086.00	5,086.00	0.00	406.88	406.88	0.00
Medical	3,807.78	3,807.78	0.00	304.62	304.62	0.00
Allocated	3,278.03	4,367.63	1,089.60	262.24	349.41	87.17
Total	12,171.81	13,261.41	1,089.60	973.74	1,060.91	87.17
<b>Location Total</b>	<b>12,171.81</b>	<b>13,261.41</b>	<b>1,089.60</b>	<b>973.74</b>	<b>1,060.91</b>	<b>87.17</b>
<b>Location 002 200-010 SH1 ALUMINUM SHAPES, FOUNDRY- CAST HOUSE (ALUM SHPS), SHIFT</b>						
Claim No.86-037667 Injury Date 11/22/2005 PEREZ, VICTOR						
Indemnity	24,147.48	24,994.76	847.28	1,931.80	1,999.58	67.78
Medical	77,419.16	78,316.00	896.84	6,193.53	6,265.28	71.75
Allocated	6,702.58	6,708.16	5.58	536.21	536.65	0.44
Total	108,269.22	110,018.92	1,749.70	8,661.54	8,801.51	139.97
<b>Location Total</b>	<b>108,269.22</b>	<b>110,018.92</b>	<b>1,749.70</b>	<b>8,661.54</b>	<b>8,801.51</b>	<b>139.97</b>
<b>Location 002 200-018 SH1 ALUMINUM SHAPES, MAINTENANCE (ALUMINUM SHAPES), SHIFT 1</b>						
Claim No.86-639753 Injury Date 04/03/2006 ROMOS, ANTONIO						
Indemnity	0.00	0.00	0.00	0.00	0.00	0.00
Medical	556.97	556.97	0.00	44.56	44.56	0.00
Allocated	0.00	11.41	11.41	0.00	0.91	0.91
Total	556.97	568.38	11.41	44.56	45.47	0.91
<b>Location Total</b>	<b>556.97</b>	<b>568.38</b>	<b>11.41</b>	<b>44.56</b>	<b>45.47</b>	<b>0.91</b>
<b>Location 004 400-002 ULTRA HARDWARE, WAREHOUSE (ULTRA HARDWARE)</b>						
Claim No.86-037052 Injury Date 01/31/2006 NUNEZ, ANA						
Indemnity	0.00	0.00	0.00	0.00	0.00	0.00
Medical	51,411.09	52,463.06	1,051.97	4,112.89	4,197.04	84.15
Allocated	6,984.45	7,008.51	24.06	558.76	560.68	1.92
Total	58,395.54	59,471.57	1,076.03	4,671.65	4,757.72	86.07
<b>Location Total</b>	<b>58,395.54</b>	<b>59,471.57</b>	<b>1,076.03</b>	<b>4,671.65</b>	<b>4,757.72</b>	<b>86.07</b>
<b>Policy Total</b>						
Indemnity	37,942.18	38,789.46	847.28	3,035.37	3,103.15	67.78
Medical	169,722.70	171,914.74	2,192.04	13,577.82	13,753.18	175.38
Allocated	22,409.58	24,722.78	2,313.20	1,792.77	1,977.82	185.05
Total	230,074.46	235,426.98	5,352.52	18,405.96	18,834.15	428.19
Current Month Other Services :	0.00					
ITD Other Services :	0.00					

**DEDUCTIBLE SYSTEM**  
**SHAPES/ARCH HOLDINGS, L.L.C., ET AL**

**WORKERS COMPENSATION**

**DEDUCTIBLE INVOICE DETAIL**

Report Period : 02/23/08 - 03/21/08

	Claims with Current Month Payment Activity					
	Prior Month Deductible Billed	ITD Deductible Billed	Current Month Deductible Billed	Prior Month LCF Fee Billed	ITD LCF Fee Billed	Current Month LCF Fee Billed
<b>Customer Total</b>						
Indemnity	37,942.18	38,789.46	847.28	3,035.37	3,103.15	67.78
Medical	169,722.70	171,914.74	2,192.04	13,577.82	13,753.18	175.36
Allocated	22,409.58	24,722.78	2,313.20	1,792.77	1,977.82	185.05
<b>Total</b>	<b>230,074.46</b>	<b>235,426.98</b>	<b>5,352.52</b>	<b>18,405.96</b>	<b>18,834.15</b>	<b>428.19</b>
Current Month Other Services :	0.00					
ITD Other Services :	0.00					

This report only includes Claims which have payment activity during the Current Month, and is not a complete inventory of all Claims on the Policy.